California Health Policy and Data Advisory Commission
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Proposed Minutes
Health Data and Public Information Committee
January 24, 2007

The meeting was called to order by Commission Chair, Vito Genna, in the absence of Howard L. Harris, Committee Chair, at 10:00 a.m. in Room 470 of the Bateson Building, 1600 Ninth Street, Sacramento, California.

Present:	Absent:
Vito J. Genna, Chair	Dorel Harms
Jan Meisels Allen	Howard Harris
Jay R. Benson	Darryl Nixon
Stephen Clark	
Vickie Ellis	
Lark Galloway-Gilliam	
Denise M. Hunt	
Debra Lowry	
Lisa Simonson Maiuro	
Santiago Munoz	
Catherine Nichol	
Teri Smith O'Rourke	
Jacquelyn Paige	

CHPDAC Staff: Kathleen Maestas, Acting Executive Director; Terrence Nolan, Office Assistant

OSHPD Staff: David M. Carlisle, MD, PhD, Director; Beth Herse, Staff Counsel; Michael Rodrian, Deputy Director, Healthcare Information Division; Jonathan Teague, Manager, Healthcare Information Resources Center; Kendrick Kwong, Manager, Accounting and Reporting Systems; Tim Pasco, Accounting and Reporting Systems; Joseph Parker, PhD, Manager, Health Quality and Analysis Division; Candace Diamond, Manager, Patient Discharge Data Section; Starla Ledbetter, Patient Discharge Data Section

Also Present: George L. Koortbojian, Clark, Koortbojian & Associates; Sherreta Lane, California Hospital Association

Approval of Minutes: A motion was made, seconded, and approved to accept the minutes from the September 28, 2006 meeting. The November 14, 2006 minutes

were approved with a correction on page 2, fifth paragraph, changing “impatient” to “inpatient.”

Update on Membership: Janice Ploeger Glaab has resigned from the Committee. Vito Genna has stepped down as a member of the Committee.

Future Meeting Dates:

The Committee selected the following dates for the next two meetings: May 15 and September 18, 2007.

CHPDAC Report: The Commission Chair reported that two new Commissioners have been appointed to the Commission. Josh Valdez of Blue Cross was appointed to represent insurance. Adama Iwu was appointed to represent prepaid health plans.

Mr. Rodrian reported that all State agencies were directed to update their websites by October 2007. The new format relies more on web links.

OSHPD Director’s Report: David M. Carlisle, MD, PhD, Director, OSHPD

Dr. Carlisle reported that the Governor’s proposed budget does not contain significant project cuts. Approximately 95 percent of the Office’s budget is based on special funding, which is removed from the overall General Fund-based or oriented budget process. A budget augmentation has been proposed to increase OSHPD’s budget to about $77.4 million.

The Governor’s proposed health care reform package contains two components that relate to OSHPD**:**

1. Application of a FEMA-based technology called HAZUS to re-evaluate the hospital building inventory, using an up-to-date method to assess current seismic safety risk. This would take into consideration external factors such as ground motion in assessing the risk in buildings. Many hospital buildings in the lowest seismic safety structural category probably will be decreased as a result of the application of HAZUS.

2. The Governor recognizes that the health care marketplace is a vital factor in ensuring that Californians have access to health care and making information on outcomes more available to consumers, providers, and purchasers. The budget proposes a significant augmentation to OSHPD’s outcome program, as well as other departments such as the Patient Advocates Program in the Department of Managed Health Care.

Mr. Munoz said the University of California system is committed to transparency in public reporting and asked OSHPD to consider the effects on regional markets. He was concerned that some more predatory payers could use this effort to empower consumers as a way to ratchet down rates. Dr. Carlisle said this was considered when mandatory reporting of coronary artery bypass graft surgery outcomes was enacted. Staff is

actively designing monitoring systems to see how the marketplace is affected by that particular report and this will certainly be done when other reports are published.
Effective July 1, 2007, the Department of Health Services (DHS) will be split into two separate departments. A Department of Health Services will manage Medi-Cal. A Department of Public Health will manage most of the other regulatory functions of the current DHS.

"Hospitals: Fair Pricing Policies" Implementation (Chapter 755, Statutes of 2006 (AB 774- Chan) -- Kenny Kwong, Manager, Accounting and Reporting Section

Summary of requirements:

The law applies to all acute care hospitals, psychiatric acute hospitals and one specialty hospital. Psychiatric health facilities and chemical dependency recovery hospitals are exempt.

Eligibility:

Patients with family income below 350 percent of federal poverty level (FPL).

Patient has to be either uninsured or have insurance but not eligible for third-party discount and have high medical costs.

Eligible patients are not expected to pay more than the higher of Medicare, Medi-Cal, Healthy Families or other government-sponsored health programs.

Hospitals are to provide copies of the application and provide help to patients to enroll in Medi-Cal if they are eligible. Department of Health Services will enforce this.

Some areas are unclear such as undocumented workers, out-of-state residents, scope of covered services, floor for free charity care, and definition of income type. Sherreta Lane of the California Hospital Association (CHA) provided legal guidance and did not narrow the services for patients. Hospitals are encouraged to work with patients to determine if they qualify for financial assistance. There will be clean-up legislation introduced this year. The legislation is misleading to assume if you have a third-party discount, you do not have high medical costs.

Requirements:

Hospitals are required to provide a copy of their charity care policy, eligibility procedures for policies, and discount payment policy. The policy should cover the scope of services and the patients that are covered. The law also specifies that OSHPD may require electronic submission of these documents, which the Office intends to do.

The review process would include the internal process within the hospital of how applications for charity care discount payments are processed.

Ms. Simonson Maiuro thought that without a standardized reporting form, it will be difficult to compare across hospitals. OSHPD cannot standardize because it could just receive a copy of the operational documents of the hospitals. This is not a data reporting law, but rather designates OSHPD as a repository. Oversight will be done by the Department of Health Services. An OSHPD auditor will review the policies to see that the policies comply with the requirements of the law. Ms. Meisels Allen asked if OSHPD is the repository, and there is no exact format in which a hospital has to submit information, how does the Department of Health Services, which has the regulatory requirement of enforcement know that what is submitted to OSHPD meets the requirements? It was suggested that OSHPD have discussions with CHA and DHS**,** and it would be helpful if groups of hospitals have a standardized charity care policy for all of their hospitals.

The information must be submitted every other year on January 1, or whenever a significant change is made.

OSHPD is required to make the information available to the public. There are plans to create a website using GIS mapping tools, which will be consumer friendly. There is a benefit in structuring the repository in a way that data can be pulled out and analyzed across hospitals.

It was suggested that a sample chart or grid be developed to capture information such as multiple languages, the FPL level (such as 0-100, 100-150), and other critical points of information contained in the larger document.

Regulation Timelines:

OSHPD is allowing the year 2007 to implement the regulations with first reporting by hospitals on January 1, 2008. Thereafter the reporting will be biannually or whenever there is a significant change in hospital policies. It is anticipated that the regulations will be approved and filed sometime in late September**,** 2007. This will allow sufficient time for approval by this Committee and CHPDAC, with public comment periods.

Mr. Clark suggested that the two types of discount policies be clearly defined**,** as only the means-tested type is required by law.

It was suggested at the last meeting that regulations be coordinated with the Department of Health Services. The CHA representative said that DHS does not plan to implement regulations. CHA has advocated that DHS go through the regulatory process to address ambiguities in the legislation and provide some standardization.

Based on OSHPD's analysis, there will be a commitment to collect and disseminate the information. For this purpose, a feasibility study report and budget change proposal were approved for submission to the Legislature. At a future meeting, the Committee will have an opportunity to see what the application will look like when hospitals enter the data and what the users will see as they navigate through the documents.

The Committee members wanted to ensure that hospital policies address all of the issues and are clearly identified, particularly some of the more critical elements around eligibility, definition of income, etc., somewhat standardizing it. It was thought that this could be done internally rather than by regulations so that the regulatory process is not slowed down. If OSHPD were to mandate that hospitals provide something more detailed than what is specified in the statute, this would require inclusion in the regulations.

A motion was made, seconded and carried to support the implementation of the proposed regulations. The Committee will have an opportunity to discuss the suggested data elements which can be electronically extrapolated. Members should give their input by April 15 for inclusion in the agenda for the May meeting.

Report on Status of Distribution of Reports: Jonathan Teague, Manager, Health Information Resource Center (HIRC)

Staff has disseminated the California Perspectives in Healthcare 2000-2004 to legislators, repository libraries, UC and CSU libraries, schools of public health, medicine, and nursing, counties, public health officials, cities with public health departments, media contacts, Department of Health Services, and Health and Human Services Agency. A CD has been sent to all Committee members and Commissioners. A brochure has been prepared as a teaser to encourage persons unfamiliar with the report to open the CD-ROM or go to the website or Internet to better look at the information.

Outcome Reports:

In response to the Committee's suggestion on how to respond to letters concerning the Community Acquired Pneumonia report, concerns were addressed in the appendix of the narrative report. Comment letters were included in the report. The report has been approved by the Health and Human Services Agency and is at the Governor's Office for approval. A press release and embargoed report will be distributed to the press and hospitals. The report will also be on the website.

Because the care of heart attack patients has changed, OSHPD has contracted with UCSF to update the model for acute myocardial infarctions (AMIs). The model will be presented at the next TAC meeting.

Staff is close to finalizing the maternal outcomes report. The CABG report continues to move forward. A first surgeon-level report will be out in a few months.

Staff is working with UCSF to develop a risk model for congestive heart failure and abdominal aortic aneurysm repair.

Prior to 2000, only three outcome reports had been issued. Since then, OSHPD has issued reports for: CABG voluntary program, CABG mandatory reports, pneumonia, intensive care unit, hospital volume and utilization, and preventable hospitalization outcomes. The report on racial and ethnic disparities will be updated in the near future. Staff is reviewing some AHRQ outcome reports which could be added to the portfolio.

Data Elements to Expand the Patient Discharge Data: Starla Ledbetter, Data Management Office

OSHPD staff is very active with various healthcare data standards committees relative to patient level data reporting and future enhancements to OSHPD's MIRCal system, (the Medical Information Reporting for California system), which currently collects patient level data.

The national provider identifier will become effective in May. The MIRCal system input file has a placeholder for this data element, but is not currently requiring collection. The Public Health Data Standards Consortium has developed a payer typology which will reduce the redundancy in reporting different payer classifications, making it easier for public health researchers to identify the type of payer. This payer typology may be incorporated into the MIRCal system at a future date.

The "present on admission" indicator has been included in the UB 04, effective March 1, 2007, for facilities submitting bills on paper. Electronic billing that includes the "present on admission" (POA) indicator will not occur until the next version of the 837 transaction standard is approved for use.

Reporting of the POA indicator on external cause of injury codes will be required reporting on the UB 04.

In October, according to the Federal Register, two conditions will be selected that are either high cost or high volume, result in assignment to a higher paying DRG, and could have reasonably been prevented through the application of evidence-based guidelines. Hospitals will not receive additional payment for cases in which a selected condition was not present on admission.

There is a new Consolidated Severity-adjusted DRG Grouper (CS-DRG) under consideration by CMS which refines the system to better recognize severity of illness. OSHPD will decide whether to institute this particular DRG grouper or continue using the old 3M DRG grouper, if still supported.

The move to ICD-10-CM as a standard code set has been included in a proposed federal legislative bill currently going through the legislative process.

OSHPD has been analyzing the clinical data elements as recommended in the Bindman report. Many of the elements which OSHPD has been looking at are included in a national standard. One upcoming enhancement to MIRCal would be to add principal language spoken. Staff is working to have this data element included in the national standard. It would be easier to be consistently reported, should other states decide to report it.

A consultant is helping to determine the timing and implementation of changes to the MIRCal system.

The infrastructure of MIRCal needs to be updated. Some of the software currently used will not be supported much longer. MIRCal will be adapted to accept CABG data electronically. Changes need to be aligned with the timing of national standards. Improvements will be adopted incrementally.

Changes to inpatient data elements are necessary to be consistent with national standards.

Ms. Galloway-Gilliam asked what is happening with the hospital reporting, CHART, and how does OSHPD fit into it. Dr. Parker answered that the measures developed by OSHPD will be shared with CHART and they have been used in their hospital report. CHART is a broad-based voluntary effort to produce a hospital report card for California, based on many different measures that cross many of the hospital business lines.

Deputy Director Rodrian stated that CalRHIO, and the RHIOs nationally, have been catalyst for developing electronic medical records and on the radar for the future is linkage of existing State databases. Currently, Medi-Cal, Vital Statistics, mental health, and OSHPD, are all used for health research and health policy.

Adjournment: The meeting adjourned at 12:44 p.m.